

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90114 036 \*\*\*\*61.25

**DOCUMENT # N46859**

1. Corporation Name

**FLORIDA ASSOCIATION OF SCHOLARS, INC.**

Principal Place of Business

2869 D PAR LANE  
TALLAHASSEE FL 32301-6866

Mailing Address

2869 D PAR LANE  
TALLAHASSEE FL 32301-6866



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/16/1992

4. FEI Number

59-3142149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WOLLAN, LAURIN A. JR.  
2869 PAR LANE  
TALLAHASSEE FL 30301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME DEROSA, MARSHALL  
STREET ADDRESS 2869 D PAR LANE  
CITY-ST-ZIP TALLAHASSEE FL 32301-6866

TITLE ☐ DELETE

VP  
NAME CUZAN, ALFRED G.  
STREET ADDRESS P.O. BOX 15389 NA  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ DELETE

COB  
NAME WOLLAN, LAURIN A JR.  
STREET ADDRESS 2869D PAR LANE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE

D  
NAME CZAJKOSKI, EUGENE H  
STREET ADDRESS 2340 KILKENNY EAST  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

D  
NAME EHRLICH, PAUL  
STREET ADDRESS 108 N.W. 22ND DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

D  
NAME GENTRY, DAVID  
STREET ADDRESS 3917 N.W. 27TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laurin A. Wollan Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)